

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 470

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Mia LoveA. Full Name (Last, First, Middle Initial)
MS. ELIZABETH MALLINCKRODT BRYDENMailing Address **1 W 67TH ST**

City	State	Zip Code
NEW YORK	NY	10023-6200

FEC ID number of contributing
federal political committee.**C**Name of Employer
NONEOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11.250099

Amount of Each Receipt this Period

205.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ELIZABETH MALLINCKRODT BRYDENMailing Address **1 W 67TH ST**

City	State	Zip Code
NEW YORK	NY	10023-6200

FEC ID number of contributing
federal political committee.**C**Name of Employer
NONEOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11.259482

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ROBERT D. BUCHANANMailing Address **4751 EAGLERIDGE CIR APT 108**
APT 108

City	State	Zip Code
PUEBLO	CO	81008-2123

FEC ID number of contributing
federal political committee.**C**Name of Employer
NONEOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11.249901

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**410.00**